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ABSTRACT

Described is a 3-year Colorado preschool project for identification of learning disabilities and behavioral characteristics in 3-to-6-year-old children and subsequent remediation through prescriptive teaching and a home program. Considered in the project overview are inservice, intake, and diagnostic procedures; the interdisciplinary approach; parent helpers; and evaluation. Noted is identification by four teacher diagnosticians at four centers through referrals by outside professionals and community agencies. Diagnosis is said to involve attention to visual perception, visual motor, and all aspects of auditory functions which affect speech and language capabilities. Listed are disability symptoms such as staring rather than following a moving target with the eyes. Given are diagnostic procedures such as child copying of thumb twiddling. Treatment methods for each disability area are stated. Listed are materials and activities to improve specific deficits in the visual autonomic, auditory autonomic, and auditory somatic areas. A sample classroom activity schedule is given. Among third year evaluation findings included are that 65 children were diagnosed to be learning disabled; that multiple disabilities were common, with the majority of problems classified as word sound deafness and perceptual blindness; and that testing results showed gains on tasks indicative of learning disabilities and on IQ scores. Appended are forms such as a diagnostic evaluation form, individual prescriptive teaching plans, and a pupil rating form for grade 1. (MC)

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"Teacher, Teacher, Look What I Can Do"

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SPECIAL EDUCATION PRESCHOOL PROJECT REPLICATION MANUAL
"Focus on Preschool Developmental Problems"
El Paso County - School District #11
1113 N. El Paso
Colorado Springs, Colorado 8090?

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SPECIAL EDUCATION PRESCHOOL PROJECT REPLICATION MANUAL

"Focus on Preschool Developmental Problems"

El Paso County - School District #11

1115 N. El Paso

Colorado Springs, Colorado 80903

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PROJECT ABSTRACT

Focus on Preschool Developmental Problems

The main service of this project involves early identification of underdeveloped or abnormal behavior characteristics in the preschool-age child and the initiation of an educational treatment plan to modify the developmental problems. Identification of disabled children is made by four teacher diagnosticians at four centers through referrals by outside professionals and community agencies. Diagnosis involves attention to syndromes which provide a broad base for interpreting a child's deficit behavior--visual perception functions, visual motor functions, and all aspects of auditory functions which primarily affect speech and language capabilities. Classes are scheduled to provide training and children are grouped according to disability, which allows for the employment of methods particularly suited to certain disabilities. Age level: 3-6. Thomas Hockman, Project Director; Colorado Springs Public Schools, Department of Special Education, 1115 North El Paso Street, Colorado Springs, Colorado 80903; (303 633-8773). Dennis L. Darner, Assistant Project Director, 2460 Paseo Road, Colorado Springs, Colorado, 80907; (303 471 1241).

The project presented or reported herein was performed pursuant to a Grant from the U. S. Office of Education, Department of Health, Education, and Welfare. However, the opinions expressed herein do not necessarily reflect the position or policy of the U. S. Office of Education, and no official endorsement by the U. S. Office of Education should be inferred.

FINDINGS FROM THIRD YEAR EVALUATION REPORT

"Objective 1. To identify children who have developmental problems."

Children were referred for testing and sixty-five children were diagnosed as having learning disabilities. These sixty-five children participated in the project.

"Objective 2. To identify specific problems involving the development of motor, visual, and auditory skills."

Sixty-five children were classified by their particular learning disability. Multiple disabilities were common, with the majority of the problems being classified as "Word Sound Deafness" and "Perceptual Blindness".

"Objective 3. To establish a special classroom intervention plan that will improve the child's functional skills in the areas of identified disability."

Pre-and post-testing showed that the children gained in tasks indicative of learning disabilities and also showed significant gain on IQ scores. The pre-post-test IQ scores showed a "disability" by "type of gain" interaction, the children diagnosed as having a Word Sound Deafness disability gained more on performance IQ than on verbal IQ, and the children diagnosed as having a Perceptual Blindness disability gained more on Verbal IQ than on Performance IQ. Children diagnosed as having both Perceptual Blindness and Word Sound Deafness disabilities gained equally on both Verbal and Performance IQ.

These differential gains are consistent with accurate diagnosis of the learning disabilities.

Metropolitan Readiness Test scores showed the kindergarten children to be average. Eighty-one percent of the kindergarten children were promoted to the first grade.

Metropolitan Achievement scores showed the first grade children to be below average. Eighty-seven percent of the first grade children were promoted to the second grade.

"Objective 4. To teach parents to understand their child's developmental problem in terms of how it affects his functioning so that they will be more effective in rearing the child."

Reponses to a parent questionnaire showed that 100 percent of the parents who responded felt that the project staff had "helped them to understand their child's learning problem"; and that 100 percent felt that conferences with the preschool staff had been valuable. Also 100 percent felt the preschool staff had helped them to help their child.

"Objective 5. To teach parents to recognize changes in the functional development of their children in the areas of attitudes, skills, and responsibility."

Ninety-five percent of the parents responding to a questionnaire felt the project staff had improved their skills in observing noticeable changes in their child.

"Objective 6. To teach parents how to provide a home intervention program that will improve the child's functional skills."

IQ data of children in only the home program indicated that the gain in IQ points of these children does not differ statistically from those in the class intervention program.

"Objective 7. To identify the developmental factors associated with academic learning disabilities when the child reaches the primary grades."

Classroom teachers of project children who were attending kindergarten or first grade in their neighborhood schools were asked to rate the project pupils on several variables. Factor analysis of these pupil ratings resulted in six variables loading on an "academic factor."

1. Fine muscle development
2. Following directions
3. Attention
4. Effort
5. Performance rate
6. Stability

When combined, these variables do fairly well at predicting "success" on the various scales of the Metropolitan Reading Readiness Test and the Metropolitan Achievement Test (Primary I).

"Objective 8. To coordinate center efforts with those of the regular classroom teacher to assure that the handicapped child will receive sufficient individual support to make satisfactory progress in school."

The project staff reported holding more than one hundred fifty conferences. The majority of these conferences were held with individual classroom teachers where recommendations for teaching procedures were made for project children. Many conferences were held with school social workers, child welfare personnel, doctors, school principals, audiologists, school psychologists, and speech therapists.

Project personnel also visited the individual students in their classrooms to provide additional individual help.

SPECIAL EDUCATION PRESCHOOL PROJECT REPLICATION MANUAL

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I. PROJECT OVERVIEW

Inservice Procedures

Inservice training involves a total of ten days. It consists of an introduction and concentration in the Gellner Diagnostic Rationale, which is then followed up with four and one-half hours of video tapes on diagnostic procedures and teaching methods and techniques. New teachers are then trained through practical diagnosis to be educational diagnosticians with actual children being used for the practicum. These practice diagnosis are supervised by personnel trained in the Gellner Rationale and practice diagnostic write-ups are done by the trainees. (Appendices A-F.)

Once a child has been diagnosed and a developmental problem is found, the trainees are taught how to professionally write the findings into an educational diagnostic evaluative report. The same trained personnel help new trainees in this process. (Appendices G-1.)

Trainees view a video tape of a child being evaluated by the teacher/diagnostician with the parent or parents present to explain the observation made of how the child functions and what teaching methods are best suited to help the child learn.

Teaching methods for each disability are viewed from the video tapes and discussed so that methods may be used with the children when placed either in the special classes or the home program.

Inservice in writing prescriptive teaching plans, and charting progress is done with each teacher/diagnostician. Teachers are, also, inserviced in materials and classroom procedures as well as how to evaluate the child's progress. (Appendices M-R.)

Intake and Diagnostic Procedures

Initial contact is made to the Preschool Project through Head Start, nursery schools, physicians, social workers, kindergarten teachers, principals, school nurses and other community agencies concerned with young children.

Information regarding the child is written on an intake referral form through the project office by someone trained to screen the information. This is done to save time in setting up diagnostic evaluations for teacher/diagnosticians. Some parents call, and it is apparent from their conversation that their child only needs a nursery school, not a program for children with developmental problems. (Appendix G)

If it appears from the intake referral information that the child has developmental problems, a diagnostic evaluation date is made and the parents are asked to observe while the evaluation is being done by the teacher/diagnostician. If the child is placed in the program, the parents are instructed with regard to the child's problems (Preferably without the child being present) in how to begin home training with their child.

The home program is designed for children with less severe problems and is treated in the same way, only the child does not receive special class treatment. He does receive help from his parent or parents through the specially trained staff.

Conferences are then arranged on a bi-weekly or monthly schedule on Fridays to continue the home treatment program. When the parents learn effectively how to teach and manage their child, conferences are held less often. Parents are also asked to observe in the classroom to increase understanding of their child.

Classes are held in the morning and afternoon, four days per week, Monday through Thursday. Fridays are used for initial diagnostic evaluations, parent home training conferences, liason with kindergarten teachers in their buildings, staffings on children, project staff meetings and sending out kindergarten and first grade progress reporting forms. (Appendices S-W.)

At the time of the diagnosis, procedures are followed according to the school district's policies, such as the permission slip for testing. Once placement is made in the project, permission slips for teaching, field trips, filming, and enrollment cards are filled out and signed by the parent. (Appendices J-L.)

The Developmental History form is given to the parent to be filled out and returned to the teacher upon their next conference date, or as soon as possible. (Appendix I.)

Supportive Interdisciplinary Approach

Some of the Preschool Project children are in need of other services because of specific problems; child psychiatrists for emotional problems, speech therapy for severe speech problems, occupational therapy for large motor handicaps, social workers for home problems, school nurses for health problems, etc.

Some agencies that are used for support are: Rocky Mountain Rehabilitation Center in Colorado Springs, Forrest Heights Lodge, Evergreen, Colorado, local child psychiatrists, physicians, neurologists, and Pikes Peak Family Counseling and Mental Health Center, as well as other family counseling and mental health centers in Colorado Springs.

Parent Helpers

Parent volunteer service also plays an important role in helping to promote and aid the program. Parents volunteer their services in the classroom, transportation of children, fund raising, field trips, etc. Parent questionnaires were also used to determine their feeling about the program. Samples of these are in Appendices X and Y.

Evaluation Procedures

Standardized tests are administered as a pretest when the child enters the project and as a posttest at the end of each school year while the child was enrolled in the Preschool Project. The type of instrument depends on the age of the child.

Scheduling is also done as soon as possible for standardized testing for the child by the school psychologist. The Stanford Binet, Form L-M is used for a child 3 years, 10 months and 16 days, the Wechsler Preschool and Primary Scale of Intelligence (WPPSI) for 3 years, 10 months and 16 days to 6 years, 7 months and 16 days, The Weschsler Intlligence Scale for Children (WISC) beyond 6 years, 7 months and 16 days. If need be, the Peabody Picture Vocabulary Test (PPVT) is available for use if no verbal communication is possible.

The Kindergarten Evaluation Report is sent to kindergarten teachers as soon as possible for a kindergarten child who has been enrolled in the special class or home program. This report must be sent back to the project to be evaluated by the teacher/diagnostician and placed in the child's file. (Appendices S-T.)

After the first quarter, the Kindergarten Progress Report #1 is sent to kindergarten teachers with the same kind of return as the previous report for evaluation and filing in the child's folder. (Appendices S-U.)

After the third quarter, the Kindergarten Progress Report #2 is sent to kindergarten teachers with the same kind of return as the previous report, for evaluation and filing in child's folder. (Appendices S-V.)

After the 1st semester, the Pupil Rating From is sent to first grade teachers of project students with the request they be returned to the project as was done on previous forms. (Appendices S-W.)

The Form A-Metropolitan Readiness Test is given to children at the end of the kindergarten experience.

The Metropolitan Primary I test is given to first grade children in the Spring of their first grade experience.

The Metropolitan Achievement Test, Primary II, is given in February of the second grade since this date coincides with the district's regular testing program. The Iowa Test of Basic Skills is used in the district's testing program in grades 4-6. Project children will be evaluated through the district's testing program.

Parent questionnaires are used in the first three years to determine the home treatment evaluation of the program. (Appendices X-Y.)

Childrens' progress is determined by the project teachers through a charting method, monthly and quarterly. These are compiled by a research department or specialist for the overall progress made in each disability sphere. Results of their data were computed in the Final Evaluation Report, 1972-73. This 91 page report can be obtained for a nominal fee.

II. EDUCATIONAL RATIONALE

The Gellner Rationale

The theoretical rationale upon which the educational diagnosis and teaching plans are based outlines four sensory-neural systems that are vital to intellectual development. The deficit behavioral symptoms that can be observed form the syndrome for each of these systems. The syndromes of impaired developmental function are outlined briefly below.

Visual-Somatic or Visual-Motor Disability: An impairment in this system interferes with the child's ability to perform tasks that require visual guidance of the hands. This includes feeding and dressing, manipulation and construction activities, and coloring, cutting, and writing. The child is also impaired in the ability to perceive pure form or geometric shape to perform tasks involving the rationships to form.

Visual Autonomic or Perceptual Blindness Disability: This type of impairment interferes with the child's ability to give close and accurate visual attention to the details of visual stimuli and to develop an adequate visual memory of these stimuli. These children tend to be hyperactive and display poorly developed fine visual-motor skills.

Auditory Somatic or Word-Sound Deafness Disability: An impairment in this auditory system interferes with the specific functions of sound discrimination, speech articulation, and auditory memory. Thus, the child cannot experience normal general language development.

Auditory Autonomic or Language Meaning Disability: An impairment in this system interferes with the child's ability to derive full meaning from language. Although the child is usually very verbal with a good auditory memory and clear articulation, he cannot relate realistically to his environment, especially to the people in it, because of his inability to understand human feelings and emotion through the medium of language. He, therefore, has difficulty participating successfully in group activities and in maintaining friendships.

III. SYMPTOMS OF DISABILITIES

Behavioral Characteristics Symptomatic of Developmental Problems

The following behaviors are indicative of impaired functions inhibiting the child's ability to perceive movement or a visual somatic disability.

1. He may not move his hands in front of his eyes during infancy, and he will not engage in finger play.

2. He may not reach for objects at the normal stage of development in infancy (3 to 4 months of age).

3. He may have a tendency to stare rather than follow a moving target with his eyes.

4. He may be slow to learn or fail to learn things such as waving bye-bye and similar activities purely by looking and imitating the movements that he sees.

5. He may be slow in learning to walk independently and often walks by holding on to things for a prolonged period of time.

6. He often trips over objects on the floor that a young child would normally avoid.

7. He does not extend his arms by reflex action when falling and bumps his face as a result.

8. He is not an active child and prefers to sit and play quietly rather than explore and climb. He does not touch and handle objects as a young child normally does.

9. He enjoys looking at pictures (static visual stimuli) rather than engage in action games.

10. He may not build towers, bridges, etc., with blocks nor will he construct objects with other toys; but he may play with these toys in a random manner.

11. He may have a difficult time learning to feed himself, especially in using a fork and knife.

12. He may have a harder time in learning to dress himself, especially in buttoning, zipping, putting on socks, and tying his shoes.

13. He may be sloppy in his personal appearance and will not wash himself thoroughly or comb his hair neatly.

14. When riding in an automobile, he may not enjoy looking at the moving scenery from the window of the moving vehicle.

15. Games involving a ball may be very difficult for him and he may have little or no interest in them.

16. He may have a tendency to try to force objects into a drawer or box rather than observe the manner in which they fit best according to their shape.

17. Learning to cut with scissors, color with crayons, and to form letters in printing and writing may be difficult for him; and work in this regard will be slow and poorly done.

18. The lack of finger awareness may cause difficulty in acquiring fundamental arithmetic concepts.

19. When attempting to perform a task that requires finger dexterity, his hands often tremble.

20. Jigsaw puzzles or tasks that require a visual recognition of pure form may be very difficult for him.

The following behaviors are indicative of perceptual problems interfering with the child's ability to perceive non-moving stimuli or a visual autonomic disability.

1. He may display hyperactivity.

2. He is less interested or may completely lack interest in looking at static visual stimuli. He may look for short periods of time and then move on to other things.

3. He may be clumsy in tasks that require fine muscle coordination because he does not visually observe the task sufficiently well to gain the skill required.

4. He may be deficient in color perception.

5. Coloring with crayons, painting and writing will be sloppily done due to the lacking attention to the task as well as under-developed skills required for fine coordination.

6. He may have a short visual attention span for tasks requiring close visual attention; and he may show signs of fatigue after a brief attempt.

7. He may have difficulty in learning to read because of his poor visual memory, lack of interest in looking, lack of attention to letter detail, and fatigue.

The following behavioral characteristics indicate an impairment in the child's ability to discriminate speech sounds or an auditory somatic disability.

1. There may be a delayed onset of infant speech and slow speech development.

2. The child may not startle from sudden loud noise.

3. He may have defective articulation.

4. He may have a hypersensitivity to loud noise.

5. He may have a poor auditory memory. For example, he may have to count in sequence in order to recall his age as he cannot recall the work in isolation.

6. He may have a short attention for listening and will show signs of fatigue if pressed to listen or repeat words which require close attention.

7. He may have difficulty in learning to read due to poor auditory memory, lagging language development, difficulty with phonics, and short attention span.

8. He may also have some difficulty in remembering arithmetic concepts and basic facts due to poor auditory memory. This often results in perserversation in finger counting.

The following behavioral characteristics indicate that the child has an impaired ability to comprehend the emotional component of language and thus lacks the full ability to communicate and understand human feelings and emotions through the medium of language or an auditory autonomic disability.

1. The onset of speech should be normal, or if there is a slight delay then the child should make rapid progress with clear articulation.

2. He often talks a lot, sometimes incessantly.

3. He has a good vocabulary.

4. Close observation usually reveals that the child uses words and phrases in the manner that he has heard them rather than initiating ideas of his own.

5. He may have difficulty in relating to events in reference to their time sequence, both past and future. He may be very impatient about waiting until a later time for things that he wants.

6. He may have difficulty in expressing emotions of love and frustration appropriately through the choice of words.

7. He often has very poor social relationships because of the difficulty in communicating with his friends.

8. He should not have any difficulty in learning to read, but the meaning that the author intended may not be understood.

IV. DIAGNOSTIC PROCEDURE

Methods of Determining Deficit Behavior

1. The child attempts to copy the following movements when these are demonstrated for him: rotating arms, twiddling thumbs, walking fingers, hand to fist. If the child cannot copy these movements, a visual somatic deficit may be present. The severity of the impairment is indicated by the degree of assistance the child requires to complete the tasks. It is important then for the examiner to determine whether the problem is motor alone, or not.

2. Perceptual form plates are used to determine how well the child can copy a cross, a circle, a square, and a triangle. If the child is unable to manipulate the primary pencil and/or if he cannot guide his hands to complete the task, a deficit behavioral pattern of development in the visual somatic area or some degree of visual autonomic disability is indicated.

3. The spinning sparkler is used to determine how well the child can copy the movements required to operate the sparkler. If the child has difficulty, a degree of visual somatic disability is apparent.

4. The spinning egg test is used following the spinning sparkler test to determine the degree to which the child is able to apply such skills as may have been learned in the former test. If no carry-over is apparent, symptoms of a visual somatic disability are present.

5. Puzzles are used to determine how well a child can perceive form and form relationships. If form manipulation presents a problem, a visual somatic disability may be present. Visual autonomic is indicated if the child can be forced to use his eyes to perceive form relationships in assembling the puzzle when he habitually attempts to use a trial and error approach.

6. The nest of eggs device tests ability to discriminate between sizes, shapes, and colors. Lack of ability to differentiate between these qualities may be indicative of a visual autonomic disability. Inability to fit the pieces together may depict a visual somatic disability.

7. The child is expected to guide a toy mouse with a magnet to help determine eye/hand coordination. If the child displays hyperactivity and does not want to look to guide his hand, a degree of visual autonomic disability may be indicated.

8. The tracing lines of the Dvorine Color Plates provide assessment of the child's ability to discriminate color and guide his hands. Symptoms of visual autonomic and/or a visual somatic problem are depicted in the child's inability to accomplish the tasks.

9. The Dvorine Color Wheel is used to test a child's ability to name colors. If the child has difficulty, he is told what the names are. If he still cannot remember, lip reading is employed to see if this improves his auditory memory. Depending on the difficulty the child experiences, a symptom of auditory somatic disability becomes apparent.

10. Spondee word are used to identify problems of auditory discrimination and memory. These problems are in evidence, if the child has difficulty repeating the words back to the examiner. Amplified sound and lip reading techniques are employed during the test situation to determine whether or not the child can improve his responses.

11. A further assessment of a child's auditory memory to determine the degree of auditory somatic disability is accomplished by presenting pictures of common elements in the child's immediate environment (fruits, vegetables, animals, workers, body parts) for his identification. His visual skill to perceive these pictures can be assessed by matching like pictures.

12. The responses which indicate an auditory autonomic disability are observed throughout the entire examination procedure. These include all aspects of linguistic behavior, excluding a sensory hearing loss.

The diagnostician's assessment of the severity of a child's impairment remains primarily a subjective judgement. The following considerations form a basis for diagnostic conclusions:

> If the child is able to complete a task successfully with only a single demonstration by the diagnostician, no deficit behavioral symptoms are present.
>
> If the child can perform a task after two or three demonstrations by the diagnostician, the problem is rated as mild.
>
> When the child requires repeated demonstrations and his performance remains poor, he is judged as having moderate deficits in the area tested.
>
> If the child cannot perform after repeated demonstration and fails to respond to all visual and auditory assistance, his problem is severe.

The Diagnostic Evaluation Form can be found in Appendix H.

V. TREATMENT TECHNIQUES AND METHODS

There are varying degrees of impaired function from child to child and each child's training varies accordingly. It is possible that each child can learn to do things in spite of the problem; however, the methods recommended make learning much easier and prevent the frustration that the child would otherwise have to endure. The teaching plan incorporates activities that will best attain the prescribed objective. The treatment methods for each disability are stated below:

a. Visual Somatic Disability

(1) The child is taught to use his hands in the same manner as a blind child is taught. Instead of learning through visual observation of the situation or by watching others make the movements, the child is kinesthetically guided so that he learns through muscle feel. Later, he is able to make visual adjustments.
(2) He learns to appreciate and recognize form by touch and then learns to manipulate form by the same means (Jigsaw puzzles, assembling objects, and models).
(3) He learns to form letters of the alphabet by the tactile kinesthetic approach with secondary visual guidance.
(4) The child is carefully guided to learn to enjoy activities involving form and movement.
(5) He often needs the same type of approach in hygiene, self-care, and dressing.

b. Visual Autonomic Disability

(1) Activities are selected which require little close looking and can be done successfully by feel (tinker toys, lego, simple weaving and simple puzzles) so as to reinforce the visual activity.

(2) Activities are varied so that the need for close visual attention can be learned gradually by the child. The child is given a variety of visual activities so that he may improve his skills in the many ways necessary for normal development.

(3) The child may have more difficulty in perceiving the detail and meaning that is depicted in pictures, especially those that are rather complex. Activities involving visual discrimination are utilized to help the child gradually learn to improve this ability (missing parts lotto, arranging pictures in sequence, and picture matching.

c. Auditory Somatic Disability

(1) The child is taught to lip-read and to look habitually at the speaker's mouth so that he will see the sounds that are difficult to discriminate auditorily. This reduces fatigue, increases the attention span, and enables the child to work later with phonics in reading. The training also improves auditory memory ability.

(2) The use of amplified sound has proven helpful for many children in whom no hearing loss can be found. It can be used with recorded stories as well as with live voice.

(3) The child is given a strong auditory stimulation program that is appropriate for his age (work games, sound games, following directions, and stories).

d. Auditory Autonomic Disability

(1) Verbal stimulation for the child is controlled to help him develop an understanding of the meaning of the language he hears and speaks. A careful choice of words is important. Words presented first are concrete. Later, more abstract words are introduced.

(2) All avenues of understanding are employed to help the child in competitive play situations to avoid the quarrels that often result.

(3) Frustrating language experiences are avoided until the child is able to understand their meaning (threats of punishment, danger of certain event).

(4) The use of fantasy stories and those that provoke strong emotion are avoided because their meaning is difficult for the child to comprehend.

(5) Parents must depend upon and emphasize actions to strengthen their relationship with the child rather than language methods.

VI. MATERIALS AND ACTIVITIES

Disability: Visual Autonomic

Method: Forcing to Look Closely

Purpose: Visual Concentration, Fine Motor Coordination, Visual Memory, Decrease Hyperactivity. Relate these symptoms to progress chart in Appenices Q and R.

****

Materials	Activity
1. Colors and objects	Play "What's Missing" Games
2. Stacking discs	Place in ascending order on peg
3. Lego blocks	Copy models
4. Crystal Climbers	Copy models
5. Unit blocks	Copy models
6. Snap blocks	Copy models
7. Tinker toys and toymaker	Copy models
8. Beads	Follow patterns
9. Pegs	Follow patterns
10. Lite-Brite	Follow patterns
11. Puzzles	Putting together
12. Parquetry blocks	Matching shapes
13. Bucket of Fun Color Game	Discrimination, recognition
14. Color patterns	Copy sample
15. Number boxes	Put in sequential order. Correspond items to number counting
16. Dominoes-Pictures, dots	Matching
17. Play-dough with number cards	Forming play dough balls to correspond with numerals

Visual Autonomic (Continued)

18.	Number sorters	Fitting holes on correct pegs
19.	Rubber numeral footprints	Number recognition games
20.	Magnetic fishing pole	Fishing games with numerals words, letters
21.	Language master-words, colors, shapes, numerals	Recognition
22.	Chalkboard	Copying activities
23.	Magnetic numerals and letters	Recognition
24.	Tracing worksheets	Tracing
25.	Mazes	Control crayon through maze
26.	Lotto Games	Matching
27.	Letter, numeral, and word cards	Matching
28.	Small discrimination cards	Matching
29.	Flash cards	Recognition
30.	Reading sets	Recognition
31.	Same and different worksheets	Identity
32.	Dot-to-dot worksheets	Connect numbered dots to make pictures
33.	Picture alphabet	Association, recognition
34.	Bingo	Recognition
35.	Rods and Spools	Patterning
36.	Counting Board	Number concepts
37.	Mix 'n Match Blocks	Put four separate pieces together to form complete picture
38.	Try Kit	Matching
39.	Cuisenaire Rods	Matching play number games building with rods
40.	Sequential Cards	Place in proper sequence to tell story

Visual Autonomic (Continued)

41.	Completion worksheets	Fill in missing parts
42.	SULLIVAN READING SETS REBUS READING MATERIALS DISTAR READING, LANGUAGE, AND MATH PROGRAM	Discrimination, looking, recognition
43.	Peabody Kits	Looking, matching patterning, word picture association
44.	Wooden study carrel	Cut out distractions
45.	MULLIKIN VISUAL DISCRIMINATION TAPES AND OVERLAYS	Visual Discrimination

Disability: Auditory Autonomic

Method: Use of Concrete Materials in Developing Meaningful Communication at times with Amplified Sound

Purpose: Decrease Incessant Talking, Decrease Mimicry, Expression of Emotions Relating Socially, Voluntary Meaningful Speech - Relate these to the progress charts in Appendices Q and R.

Materials		Activity
1.	Peabody Language Development Kit	Pantomining, word picture association
2.	Songs and fingerplays	Singing and dramatizing
3.	Color plates	Matching and identifying colors
4.	Language master	Learning the meaning of words
5.	Spatial relationship	Using language to express special relationships such as in, on, under, etc.
6.	Controlled reader	Identifying and describing pictures
7.	Flannel boards stories	Teacher tells story, then children retell it.
8.	Sequential picture cards	Using Language in response to a picture, placing cards in sequential order
9.	Magnetic alphabet letters and numbers	Forming words, placing numerals in sequential order
10.	Wooden road signs	Playing with cars and trucks learning to read signs
11.	SULLIVAN READING SETS REBUS READING MATERIALS DISTAR READING, LANGUAGE, AND MATH PROGRAM	Identifying and describing pictures, learning the meaning of words, word association

Disability: Auditory Somatic

Method: Amplified Sound, Lip Reading

Purpose: Articulation, Auditory Memory, Attention Span, Language Development, Auditory Discrimination - Relate these to the progress charts in Appendices Q and R.

Material	Activity
1. Peabody Language Development kit	Conversation, following directions, rhyming, listening, describing, sentence building.
2. Tape recorder	Follow directions, listen with amplified sound
3. Language master	Repeating words and sentences, record own voice
4. Stories	Listening, recall of story content
5. Record player	Follow directions, listening
6. Lotto	Use sentences, word picture association
7. Controlled reader	Use sentences, word picture association
8. Songs and nursery rhymes	Memorizing
9. SULLIVAN READING SETS REBUS READING MATERIALS DISTAR READING, LANGUAGE, AND MATH PROGRAM	Listening, follow directions, conversation, use of sentences
10. Spatial relation cards	Learning directional words
11. Picture and word cards	Describing
12. Counting board	Counting

Disability: Visual Somatic

Method: Tactile Kinesethetic Guidance

Purpose: Copying Movements, Manipulating, Constructing, Decrease Lethargy Motoric Coordination - Relate these to the progress charts in Appendices Q and R.

Material	Activity
1. Zippers and buttons	Child blindfolded
2. Balls	Throwing and catching
3. Rocking boat and steps	Development of large motor skills
4. Tricycle and Krazy Kar	Development of large motor skills
5. Bean bag toss	Development of large motor skills
6. Activity records	Copying movements
7. Tupperware ball	Child blindfolded
8. Puzzles	Child blindfolded
9. Playground equipment-swings, slide, and jungle gym	Development of large motor skills
10. Finger plays and action songs	Copying movements
11. Spinning top	Manipulation
12. Large lego blocks	Assemble models for manipulation
13. Templates	Child blindfolded
14. Geometric shapes	Identify by feel
15. Unit blocks	Assemble models for manipulation
16. Crystal climbers	Assemble models for manipulation
17. Beads	Manipulation
18. Lite-Brite	Manipulation
19. Dapper Dan and Dressy Bessy	Manipulation

Visual Somatic Continued

20.	Spinning Sparkler	Manipulation
21.	Number pegs	Manipulation
22.	Snap blocks	Assemble models for manipulation
23.	Pegs	Manipulation
24.	Sandpaper shapes, letters and numerals	Blindfold child and have him trace with finger
25.	Chalkboard, crayons	Manipulation
26.	Small lego blocks	Assemble models for manipulation and construction
27.	Tinker toys and toymaker	Assemble models for manipulation and construction
28.	Lincoln logs	Assemble models for manipulation and construction
29.	Lacing cards	Manipulation
30.	Weaving mats	Manipulation
31.	Peabody Kit (color chips)	Manipulation
32.	Cuisenaire rods	Manipulation
33.	Wooden merry-go-round	Manipulation and construction
34.	Rods and spools	Manipulation
35.	Counting Board	Manipulation
36.	DISTAR READING, LANGUAGE AND MATH PROGRAM REBUS READING MATERIALS	Identifying and describing pictures, learning the meaning of words with pictures (word, picture association)

VII. SAMPLE CLASSROOM SCHEDULES OF ACTIVITIES

Daily Schedule - A. M. (Ages 3 & 4)

9-9:30 Individual activities

Disability - Auditory Somatic
Activity - Language master - Child repeats sentences on tape and listens to own voice for improvement of auditory memory; and articulation.

Disability - Visual Autonomic
Activity - Child matches colored pegs to pattern on lite-brite for visual discrimination.

Disability - Visual Somatic
Activity - Child is blindfolded and allowed to cut paper. Guidance scissors are used so child learns feeling of correct cutting motion. Children not involved in these activities are given puzzles to work or models to copy. Groups are rotated as necessary according to each child's disability.

9:30-9:40 Group - Sharing time, helpers-count children, fix calendar and weather chart.

9:40-9:50 Action game - Policeman and lost child - Child who is policeman must listen to physical description of another child and then find the "lost" child.

9:50-10:00 Disability - All
Activity - Lesson from Peabody Language Development Kit. Children listen to recorded story of "P. Mooney and Mr. Nobody". This is concerned with the teaching of body parts and their spatial relationships. It is, also, used for language development and the improvement of auditory memory.

10:00-10:20 Recess - Large motor activities outdoors.

10:20-10:40 Snack and story

10:40-10:50 Finger plays or songs using the autoharp

10:50-11:05 Large group activities with both classes - musical chairs. Who's Missing, etc.

11:20-11:30 Supervised free play

VII. Sample Classroom Schedules of Activities (con't)

Daily Schedule - P. M. (Ages 5 and 6)

12:45 - Juice and supervised free play

1:00 - Greeting and talk time for speech and language development.

1:10 - Harper & Row Basic Reading Program
Lesson plans include: Picture, story, color-interpretation, making relationships, auditory discrimination, visual discrimination, story sequence, word/picture association, classification

1:25 - Movement and Rhythm
Learning activity - The ability to move one's body in coordinated response to music.

1:30 - Individual and concentrated activity to meet disability need:

Disability - Visual Autonomic

A. Activity - Counting and stringing beads - color matching, counting numerals and sequential order.

B. Activity - Rubber Geometric Shapes - Shape recognition, manipulation, size discrimination, tracing around shapes.

Disability - Auditory Somatic

A. Activity - Amplified sound - Language Development Lessons
Develop auditory memory, sound discrimination, attention span and develop listening skills.

B. Activity - Controlled reader - To quicken word/picture experience association. Develop ability to hear similarities in the way words begin, articulation and word response.

Disability - Auditory Autonomic

A. Activity - Flannel Board Stories - Real stories using a lot of expression, teach the child to use language in an acceptable way.

B. Activity - Sequential Picture Cards - Used to encourage meaningful language in response to a picture.

Disability - Visual Somatic

A. Activity - Hidden toys and materials - Tactile discrimination, child feels hidden objects and can match, classify, differentiate weights and discriminate temperatures.

B. Activity - Dressy Bessy Doll - Small muscle coordination, teaches a practical skill, develops eye and hand coordination.

VII. Sample Classroom Schedules of Activities (con't)

2:00 - Recess - Large motor activities outdoors

2:20 - Snack

2:30 - Large group (both classes) Cuisenaire Rods (Math Readiness)
Size and color seriation, vocabulary, equivalence counting, later fractions of sets, building, stacking, balancing, matching and arranging.

2:40 - Language Development
Peabody Language Lessons to stimulate the receptive, associative and expressive components of oral language development.

3:00 - Art
Pasting, cutting, etc. - learning to handle many kinds of media

3:20 - Story

3:30 - Dismissal

APPENDIX A

DIAGNOSTIC EVALUATION

_____ Examined by: Dennis L. Darner
Date of Birth: 8-22-66 August 24, 1972

_____was referred to the Preschool Project by Maurice Christensen, Principal, Howbert Elementary School. Mr. Christensen and the kindergarten teacher, Mrs. Ringy, felt that_____had poor visual and auditory skills and that he should be retained in kindergarten and placed in the Preschool Project for visual and perceptual help.

It is apparent from the diagnostic evaluation that Philip suffers deficit behavioral symptoms of a mild visual somatic disability, a mild visual autonomic disability and a mild auditory somatic disability.

It is recommended that_____be placed in the afternoon class of the Preschool Project at Stratton Annex, as well as, a morning kindergarten class at Howbert Elementary School.

_____needs tactile kinesthetic guidance in tasks requiring manipulation, construction and finer motor coordination tasks. Tasks such as writing, cutting and coloring need physical guidance to help him overcome the deficit symptoms of the visual somatic disability.

_____also has difficulty when required to use his eyes effectively for close looking tasks. He needs to be forced to look more closely at visual tasks such as patterning models, dot to dot, numbers, coloring and cutting and visual discrimination work sheets to help him overcome the deficit behavioral symptoms of the visual autonomic disability.

_____is, weak in language, speech and auditory memory. He needs the use of amplified sound and lip reading to help him overcome the deficit behavioral symptoms of the auditory somatic disability. _____ could benefit greatly through the procedures and application used in the Peabody Kit and cuisenaire rods.

_____is a very sensitive child who is prone to cry rather easily and is somewhat insecure when required to do learning tasks. He needs reassurance constantly while doing these tasks. The mother said his father is very abrupt and quick with him. _____has a feeling of not wanting to perform for fear he will be wrong, and then disciplined. He needs to have self-confidence and a better self image to avert some of these frustrations.

The mother is being instructed by the diagnostician in helping_____ at home.

APPENDIX B

DIAGNOSTIC EVALUATION

_____ Examined by: David Bane
Date of Birth: 11-12-67 January 11, 1973

_____was referred to this project for diagnosis by Pat Furillo, Social Worker at the Rocky Mountain Rehabilitation Center.

It is apparent from the diagnostic evaluation that _____suffers deficit behavioral symptoms of a severe visual autonomic disability. This is shown by the extreme carelessness with which he used his eyes on visual tasks, the high level of visual distractability, and his hyperactivity. It was, however, possible to force him to look closely at what he was doing by telling him to do so. It is also apparent from the diagnostic evaluation that he suffers deficit behavioral symptoms of a severe auditory somatic disability. This is borne out by his poor articulation, poor auditory memory and poor language development.

It is recommended that_____be placed in the morning class of the Preschool Project at Stratton Annex. It is also recommended that he continue to receive speech correction at the Rocky Mountain Rehabilitation Center. His placement in the Preschool Project is on a temporary basis.

In aiding_____to overcome the symptoms of the visual disability, he needs to be forced to use his eyes more effectively. This can be done by having him copy models made with large lego blocks or building blocks, having him match objects and colors, work simple puzzles and copy simple patterns with stringing beads and the peg board. In aiding him to overcome the symptoms of the auditory disability, he needs to learn to use his hearing more effectively. Lip reading and amplified sound should both be used when having him repeat words, color names, nursery rhymes, finger plays, simple songs, and answering story recall questions. He should also be included in the language development activities in the Peabody Language Development Kit. The tasks, either visual or auditory, must be, because of the severity of his disabilities very basic to start with.

The mother is being instructed by the diagnostician to carry out the home aspect of_____ education.

APPENDIX C

DIAGNOSTIC EVALUATION

_____ Examined by: Dennis L. Darner
Date of Birth: 6-9-67 September 27, 1972

_____was referred to the Preschool Project by Jan Veuthey, a teacher for the educationally handicapped at Carver Elementary School. This referral was based on a previous recommendation by Mrs. Hanaway, kindergarten teacher at Carver Elementary School.

It appears from the diagnostic evaluation and the information received from the parents and the kindergarten teacher that_____suffers defi.it behavioral symptoms of a mild visual autonomic disability and a mild auditory autonomic disability. _____does not relate well with other children his age. He, also, has very strange mannerisms when inter-relating in a group situation which show abnormal behavior.

It is recommended that_____be helped through the home program in which the diagnostician instructs the parents. It may be necessary later to place_____in the afternoon class of the Preschool Project. This will depend on his performance in the regular kindergarten classroom which will be followed up by the diagnostician.

The parents were instructed to help_____with tasks which require him to look closely, such as: models to pattern, using lego, tinker toys, blocks, etc. Also, drawing, coloring and cutting shapes. Writing his name and numerals, 1-10, was also recommended. Instruction was given to help the parents appropriately do these tasks with _____.

It was, also, recommended that_____be given simple directions on tasks with limited verbal input. _____is lost when given too much auditory stimulus. Visual guidance may, also, be helpful with verbal directions done. Abnormal behavior should not be tolerated with him. He must be guided to realize when behavior is appropriate and when it is not. Stop him from using idle chatter when he is listening to direction, following directions, or working on tasks. Chatter appears to get in the way of verbal directions given to him.

APPENDIX D

DIAGNOSTIC EVALUATION

Child's name
Date of Birth: 2-30-68

Examined by: David A. Bane
May 1, 1973

_____was referred to this project for diagnosis by Kay Wesson, her speech correctionist at Rocky Mountain Rehabilitation Center.

_____is taking 5 mg. of Librium, twice a day, as prescribed by her doctor for hyperactivity.

It was apparent from the diagnostic evaluation that _____suffers deficit behavioral symptoms of a visual autonomic disability. She was very careless with her eyes and would not look closely at any of the visual tasks except the nest of eggs, which she has at home. The visual disability appears to be moderate in severity, however, this is difficult to determine as she didn't understand what she was to do on many of the visual tasks and didn't understand the verbal instructions given her by the diagnostician. From this, the amount of parroting, and irrelevancy of the speech used during the evaluation, it is apparent that she also suffers deficit behavioral symptoms of a moderate auditory autonomic disability. She was able to follow simple commands, such as "go to the door" and "get your chair" without visual clues. _____is to be seen by Rus Colburn of Forrest Heights Lodge, at the Rehabilitation Center on Wednesday, May 2, 1973.

It is recommended that_____be placed in the home program of the Preschool Project now with possible placement in the special class at Stratton Annex in the Fall of 1973.

In aiding her to overcome the symptoms of the visual disability, she needs to learn to use her eyes more effectively through the use of puzzles and models. These activities need to be quite simple to start with because of the interference caused by the auditory disability. In aiding her to overcome the symptoms of the auditory disability, language should be as concrete as possible and be used sparingly. She should also be taught to read to determine if meaning for written language can be developed then move into spoken language.

APPENDIX E

DIAGNOSTIC EVALUATION

Child's name
Date of Birth: 7-2-69

Examined by: Dennis L. Darner
June 4, 1973

_____was referred to the Preschool Project by his mother who read information concerning the Preschool Project in the newspaper. She realized that_____had a severe articulation problem as well as, difficulty with fine motor control.

It was apparent from the diagnostic evaluation that_____suffers deficit behavioral symptoms of a moderate visual autonomic disability and a moderate auditory somatic disability.

The deficits in the visual sphere were apparent in close looking tasks such as; the puzzles, nest of eggs, looking carefully to copy and draw accurately, the Dvorine Color Plates and the discrimination cards. He needs to be forced to use his eyes more effectively for close looking tasks. This can be done by using lego models for patterns to copy, puzzles, simple coloring and cutting, and matching.

The deficits in the auditory sphere were apparent because of his poor articulation and recall of spondee words and pictures for language memory. He knew the primary colors, but could not articulate these very well. Amplified sound and lip reading should be employed strongly to help him work through these deficits. Story reading and recall of facts, nursery rhymes with finger plays and songs should be used with the amplification and lip reading to improve his articulation and auditory memory. _____language development is also slow because of his poor articulation. The Peabody Kit should help him develop better language concepts.

_____will be placed in a morning class of the Preschool Project for the Fall of 1973. The parents are presently being instructed by the diagnostician.

APPENDIX F

DIAGNOSTIC EVALUATION

Child's Name
Date of Birth: 9-4-67

Examined by Dennis L. Darner
June 5, 1973

_____was referred to the Preschool Project by Anne Luke, Teacher at Pikes Peak Development Center. She was concerned because she felt _____suffered developmental problems. She also felt he was a behavior problem in her class.

It is apparent from the diagnostic evaluation that____suffers deficit behavioral symptoms of a mild visual somatic disability, a moderate visual autonomic disability and a moderate auditory somatic disability.

The mild visual somatic disability was apparent in his inability to copy manipulative tasks, such as the copying movements, the spinners and copying shapes, until the examiner used hand on hand guidance to help him improve on these tasks. Tasks for manipulation and construction such as cutting, coloring, modeling and toy manipulation should have hand on hand guidance to develop these visual-motor tasks.

The moderate visual autonomic disability was apparent in his inability to use his eyes effectively for close looking on tasks such as the puzzles, nest of eggs, Dvorine Color Plates and the discrimination cards. It is recommended that_____be forced to use his eyes more effectively on tasks such as lego, tinker toy and block models to pattern. He should also be given tasks of coloring and cutting for close looking. Discrimination cards, sewing cards, numbers and alphabet, dot-to-dot and mazes could also be used to improve close looking skills.

The moderate auditory somatic disability was apparent in____poor articulation and auditory memory. Language development is also lacking. The deficits in the auditory sphere were apparent in his poor recall and articulation on the spondee words and counting. The colors were remembered but articulation was poor. It is recommended that amplified sound and lip reading be heavily employed when doing nursery rhymes and finger plays, songs, numbers, and alphabet. These techniques should improve his auditory memory and articulation. The Peabody Development Kit should be employed to help him develop his speech and language skills.

_____will be placed in the morning class of the Preschool Project in the Fall of 1973. The mother is being instructed by the diagnostician at present. _____is very cooperative and tries diligently. He does not appear to be a behavior problem. He appears to be more on the shy and inhibited side, until rapport is established. _____ mother tends to be forcing him too much, most of the time.

APPENDIX G

PRESCHOOL PROJECT

Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

INTAKE REFERRAL

Child's Name_____ DATE_____ BIRTH DATE_____

Parent's Name_____ ADDRESS_____

Phone No._____ Elementary School Area_____

Referred by:_____

Dr._____

Medical Workup:_____

_____

Audiological Exam:_____

Problem:
Visual_____

_____

Auditory_____

_____

_____

_____

_____

APPENDIX H

DIAGNOSTIC EVALUATION

Name_____ Date of Birth_____

Date_____ Phone_____ Address_____

VISUAL

Comments	Adq.	Mild			Mod.			Severe		
	10	9	8	7	6	5	4	3	2	1
1. Copying Movements										
a. Rotating Arms-										
b. Twiddling Thumbs-										
c. Walking Fingers-										
d. Hand to Fist-										
2. Perceptual Form Plates										
a. Circle-										
b. Cross-										
c. Square-										
d. Triangle-										
3. Spinning Sparkler-										
4. Horse Puzzle-										
5. Four Piece Pure Form Puzzle-										
6. Spinning Egg-										
7. Nest of Eggs-										
8. Magnetic Mouse Game-										
9. Geometric Shapes-										
1. Circles: Small										
Large										
10. Dvorine Color Plates- Tracing Lines-										
11. Discrimination Cards										
a. Geometric Shapes - No. of cards used:										
b. Houses- No. of cards used:										

AUDITORY

Auditory Memory	Free Field Yes	Free Field No	Amplified Sound Yes	Amplified Sound No
1. Doorway				
2. Airplane				
3. Cowboy				
4. Horseshoe				
5. Outside				
6. Churchbell				
7. Earthquake				
8. Armchair				
9. Shipwreck				
10. Northwest				
1. Birthday-Coughdrop				
2. Daylight-Baseball				
3. Rainbow-Oatmeal				
4. Sunset-Shotgun				
5. Scarecrow-Playmate				
6. Whitewash-Firefly				
7. Dugout-Jackknife				
8. Iceburg-Eardrum				
9. Farewell-Woodchuck				
10. Wayside-Washboard				
1. Icebox-Doorstep-Stairway				
2. Sidewalk-Mousetrap-Headlight				
3. Beehive-Footstool-Lightbulb				
4. Schoolboy-Blackout-Toothbrush				
5. Doorway-Airplane-Playground				
6. Doormat-Cookbook-Sundown				
7. Hardware-Eyebrow-Railroad				
8. Blackboard-Birthday-Backbone				
9. Cowboy-Wildcat-Lookout				
10. Schoolhouse-Coughdrop-Daylight				
Phonetically Balanced Words				
1. Cane				
2. Such				
3. Folk				
4. Is				
5. Strife				
6. No				
7. Death				
8. Bar				
9. Feast				
10. Deed				
1. Heap-Pile				
2. Hunt-Mange				
3. Box-Toe				
4. Pest-Bask				
5. End-Ride				
6. Push-Slip				
7. Bad-Fern				
8. Clove-Are				
9. Ford-Smile				
10. Rise-Pan				

Phonetically Balanced Words---Continued	Free Field		Amplified Sound	
	Yes	No	Yes	No
1. Hid-Pants-Grove				
2. Cleanse-There-Nook				
3. Then-Dike-Use				
4. Crash-Rub-Wheat				
5. Not-Fuss-Rag				
6. Tan-Perk-Our				
7. Moose-Bait-Charge				
8. Shoe-Pick-Rib				
9. Wish-Five-Knock				
10. Job-Nab-Start				

Language Memory

FRUITS

	OK	RESPONSE
1. Apple		
2. Orange		
3. Lemon		
4. Pear		
5. Banana		

VEGETABLES

1. Carrot		
2. Corn on Cob		
3. Head of Lettuce		
4. Cabbage		
5. Beans		

ANIMALS

1. Rabbit		
2. Horse		
3. Cat		
4. Bird		
5. Camel		
6. Pig		
7. Cow		
8. Sheep		

WORKERS

1. Policeman		
2. Mailman		
3. Soldier		
4. Cowboy		
5. Astronaut		
6. Painter		

Body Parts

1. Nose		
2. Eye		
3. Mouth		
4. Hand		

DVORINE COLOR WHEEL

Naming Colors- _____

APPENDIX H1

ENTRANCE AND ASSIGNMENT CARD

Front of card which is a 3" x 5" card

TEACHER_____ TIME_____ DIAGNOSTICIAN_____

Name_____ Student #_____
Home Address_____ Phone_____
Birth date_____ Age_____ Birth Cert: Yes_____ No_____
Father's Name_____ Occupation_____
Bus. Address_____ Phone_____
Mother's Name_____ Occupation_____
Bus. Address_____ Phone_____
In emergency call:_____ Phone_____
Address_____
Family Physician_____ Phone_____
Elem. School_____ Teacher_____ Gr._____
Welfare case worker:_____ Phone_____

Back of Entrance and Assignment Card

Date evaluated:_____ Disability_____
Date entered Preschool Project_____ K_____
1st_____ 2nd_____ 3rd_____
4th_____ 5th_____ 6th_____
Referred by:_____

Other children in family:
Name_____ Birth date_____

Name_____ Birth date_____

Name_____ Birth date_____

Name_____ Birth date_____

Name_____ Birth date_____

Name_____ Birth date_____

Name_____ Birth date_____

APPENDIX I

DEVELOPMENTAL HISTORY

Name of Child: _____ Date of Birth: _____ Sex: _____

1. Do you have any information that indicates the existence of any problems during pregnancy with this child? _____

2. Would you consider the birth to be normal? _____

3. Were instruments used during delivery? _____

4. What was the weight of the child at birth? _____

5. Describe the behavior of the baby in relation to crying, breathing, feeding, and sleeping during the following periods:

   a. First two weeks: _____

   b. First three months: _____

6. Describe any abnormality in the color or temperature of the skin and/or the stools during:

   a. First two weeks: _____

   b. First three months: _____

7. Please describe the history of illnesses from birth to date: (high fever, injuries, and surgery) _____

8. Describe the general health and any physical defects:_____

_____

_____

9. Does the child exhibit any abnormal behavior? Yes_____No_____
If yes, was the first abnormal behavior discovered and what did it consist of?_____

_____

_____

10. Has the child ever had convulsions? Please describe in detail._____

_____

_____

_____

a. When did they start?_____

b. Have they stopped?_____

11. Which is the child's dominant hand?_____

12. Describe any difficulties that the child has had in using his hands or in walking or in any other movements:_____

_____

_____

_____

13. Developmental information:

a. When did the child learn to sit, stand, walk?_____

_____

b. At what age did the child reach for objects presented to him?_____

c. At what age did the child manipulate things put into his hands?_____

d. Does the child feed himself, and since when?_____

e. Does he dress himself, and since when?_____

f. Does the child imitate movements you show him?_____

14. Does the child seem to have any difficulties in seeing?_____

a. Can he solve a simple jigsaw puzzle?_____

b. Can he build with bricks?_____

c. Does he recognize pictures?_____

d. Does he distinguish colors?_____

15. Describe the child's speech and the age that he began talking:_____

_____

a. Does he have a speech defect? If so, describe:_____

_____

b. If the child is mute, did he ever talk?_____

16. Does the child seem to have a hearing problem?_____

a. Has he been examined or had his hearing tested and by whom?_____

_____

b. Does he react on requests, and try to make you understand by gestures?_____

c. Does he seem to hear, but does not respond to speech or to his name?

_____

d. Does he react to loud noises?_____

e. Does he like to listen to the radio or records? If so, describe the type of program or record that he likes._____

_____

f. Does he like television?_____

17. Eating habits:

a. Does the child have any eating problems?_____

_____

b. Does he vomit easily?_____

c. Does he have any difficulty in chewing or using his tongue?_____

18. At what age did he become toilet trained?_____

    a. Did he present any problem in training?_____

    b. Are his toilet habits desirable?_____

19. Does he have a sleeping problem?_____

    _____ _____

20. Emotional Development:

    a. Placid:_____

    b. Excitable:_____

    c. Negativistic (contrary):_____

    d. Eager to cooperate:_____

21. Academic Knowledge:

    a. Can he draw?_____

    b. Can he write?_____

    c. Can he recognize letters?_____

    d. Can he read?_____

    e. Can he count?_____

22. Does he have any siblings?

    a. Older?_____No. of brothers_____No. of sisters_____

    b. Younger?_____

    c. Are they healthy?_____

23. Has he had much contact with other people and in what way?_____

    _____

    _____

24. What other observation regarding your child have you made?_____

    _____

    _____

APPENDIX J

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

PRESCHOOL PROJECT

Authorization to Evaluate Pupil

Authorization is hereby given School District #11 to administer standardized tests, educational diagnostic evaluation, and, if needed, specialized teaching to_____in (his, her) school.

School_____Date of Birth_____

_____
Signature of Parent or Guardian

_____
Date

APPENDIX K

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

PRESCHOOL PROJECT

Dear Parents:

The Preschool Project is in the process of making films and slides of pupils, teachers, aides, and other staff members in action. Your child has served as a model for us and we wish to use these pictures of him/her in our productions.

These films and slides will be used for inservice training and presentations at conventions to federal, state and local offices of education.

We are asking your permission to use pictures of_____ in this film. If you are willing for us to do this would you kindly sign and return the form below.

Thank you for your cooperation.

Sincerely,

Dennis L. Darner
Assistant Director
Preschool Project

The Preschool Project of the Colorado Springs Public Schools, District No. 11 has my permission to use pictures of_____ in films and slides showing services of the project.

_____
Signature of Parent

_____
Date

APPENDIX L

PRESCHOOL PROJECT

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

School Year 1973-1974

TO: PARENTS OF CHILDREN ATTENDING PRESCHOOL PROJECT CLASSES

FROM: Dennis L. Darner, Ass't. Director, Preschool Project

From time to time the children at the Preschool Project will be taking educational trips away from the school grounds. We feel that these field trips are educationally beneficial because of the concreteness of the experience and the spontaneous language development which occurs because of the experience. The transportation on these field trips will be provided by the Preschool Project staff. In some instances, we may ask your assistance in transporting the children.

You will receive advanced notice of each field trip, but it will not be necessary to sign a permission slip each time.

Please sign this form at the bottom of the page and return it to the Preschool Project teacher with your child.

- -

_____has permission to take the above mentioned field trips.

_____
Parent's Signature

APPENDIX M

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

PRESCHOOL PROJECT
Dennis L. Darner, Asst. Director

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

NAME_____ ADDRESS_____
DATE_____
TEACHER_____ BIRTH DATE_____

I. DISABILITY - VISUAL SOMATIC
Circle degree of severity: MILD MODERATE SEVERE

An impairment in this system interferes with the child's ability to perform tasks that require visual guidance and movement of the hands. This includes feeding and dressing, manipulation and construction activities, and coloring and writing. The child is also impaired in the ability to perceive pure form or geometric shape and to perform tasks involving the relationships of form.

II. General Goals

A. Develop ability to use visual clues for activities involving movement

III. Specific Goals

A. To improve ability to copy movements
B. To improve manipulation
C. To improve ability to construct
D. To decrease lethargy
E. To improve motor coordination

IV. Treatment- (Type or black ink)

A. To improve ability to copy movements
1. Verbally encourage close looking
2. Give verbal clues as to what you are doing
3. Hand on hand guidance
4. Use finger plays and action songs

B. To improve manipulation
1. Hand on hand guidance
2. Use double-handled scissors
3. Use blindfold and rely on tactile sense to "see" what you are doing.
4. Work with snaps, buttons, ties, etc. while wearing blindfold (Dapper Dan, nuts and bolts, tupperware ball

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN (con't)

Disability - Visual Somatic

C. To improve ability to construct
   1. Use tactile approach and blindfold when necessary
   2. Large lego
   3. Lite-brite
   4. Peabody color chips
   5. For constructing name, shapes, and numerals, use sandpaper forms, templates or thick patterns or grooved forms

D. To improve motor coordination
   1. Balance beam
   2. Walking on footprints
   3. Walking up and down stairs
   4. Swings
   5. Climbing
   6. Large riding toys

V. Progress - Narrative (Type or black ink)

NAME_____

DATE_____

APPENDIX N

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

PRESCHOOL PROJECT
Dennis L. Darner, Asst. Director

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

NAME_____ ADDRESS_____
DATE_____
TEACHER_____ BIRTH DATE_____

I. DISABILITY - VISUAL AUTONOMIC
Circle degree of severity: MILD MODERATE SEVERE

This type of impairment interferes with the child's ability to give close and accurate visual attention to the details of visual stimuli and to develop an adequate visual memory and meaning of these stimuli. The children tend to be hyperactive and display poorly developed fine visual-motor skills.

II. General Goals

A. Increased ability to concentrate on visual tasks
B. Learn to look closely on visual tasks

III. Specific Goals

A. To improve visual concentration
B. To improve fine motor coordination
C. To improve visual memory
D. To decrease hyperactivity

IV. Treatment- (Type or black ink)

A. To improve visual concentration
1. Models and patterns
2. Coloring and cutting
3. Puzzles
4. Matching
5. Visual discrimination worksheets
6. Controlled reader
7. Games: "Who's missing?" "What is missing?" "What was in the picture?"

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

Visual Autonomic (con't)

B. To improve fine motor coordination
   1. Coloring
   2. Cutting
   3. Tracing
   4. Pegboards

C. To improve visual memory
   1. Picture puzzles
   2. Bead patterns
   3. Color cube patterns
   4. Parquetry designs
   5. Shape dominoes
   6. Visual memory games
      "What's Missing?"
      "What's under the blanket?"
      Find the pattern that's the same as mine (Show sample for a couple of seconds and then remove)
   7. Visual sequential memory exercises
   8. Visual memory cards

D. To decrease hyperactivity
   1. Highly structured program
   2. Use of carrell
   3. Use of room dividers
   4. Improve eye contact (Insist he look at subject giving directions)

V. Progress - Narrative (type or black ink) NAME_____

DATE_____

APPENDIX O

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

PRESCHOOL PROJECT
Dennis L. Darner, Asst. Director

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

NAME_____ ADDRESS_____
DATE_____
TEACHER_____ BIRTH DATE_____

I. DISABILITY - AUDITORY SOMATIC
Circle degree of severity: MILD MODERATE SEVERE

An impairment in this auditory system interferes with the specific functions of sound descriptions and direction, speech articulation, and auditory memory. Thus, the child cannot experience normal general language development.

II. General Goals

A. Increase ability in auditory area (auditory memory, language development, listening, and following directions)

III. Specific Goals

A. To improve articulation
B. To improve auditory memory
C. To improve attention span
D. To improve language development

IV. Treatment- (Type or black ink)

A. To improve articulation
1. Amplified sound
2. Lip reading
3. Work on "s"

B. To improve auditory memory
1. Language master
2. Taped instructions - following directions
3. Peabody language kit
4. Story recall
5. Songs, finger plays, rhymes
6. Amplified sound
7. Auditory memory games

C. Improve attention span
1. Headset and amplified sound to cut out other distractions
2. Carrell to eliminate visual distraction
3. Peabody Language Development Kit
4. Story reading

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

Auditory Somatic (con't)

D. To improve langugage development
   1. Peabody Language Kit
   2. Lotto
   3. Spatial relationships - cards and posters
   4. Picture and word cards
   5. Library books
   6. Tape recorder - understanding directions
   7. Language master
   8. Show and Tell - use complete sentences and descriptive words
   9. Newsletter reporter - record report in a manner that can be transferred to meaningful written language.

V. Progress - Narrative - (Type or black ink) NAME_____

DATE_____

APPENDIX P

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

PRESCHOOL PROJECT
Dennis L. Darner, Asst. Director

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN

NAME_____ ADDRESS_____
DATE_____
TEACHER_____ BIRTH DATE_____

I. DISABILITY - AUDITORY AUTONOMIC
Circle degree of severity: MILD MODERATE SEVERE

An impairment in this system interferes with the child's ability to derive full meaning from language. Although the child is usually very verbal with a good auditory memory and clear articulation, he cannot relate realistically to his environment, especially to the people in it because of his inability to understand human feelings and emotion through the medium of language. He, therefore, has difficulty participating successfully in group activities and in maintaining friendships.

II. General Goals

A. To make verbal contact
B. To answer questions meaningfully
C. To understand word meaning, meaning of sentences, or "abstract" words
D. To conform to verbal response
E. To understand, feel and express thoughts and emotions

III. Specific Goals

A. To decrease incessant talking
B. To decrease mimicry
C. To improve expression of emotions
D. To improve ability to relate socially
E. To improve voluntary meaningful speech

IV. Treatment- (Type or black ink)

A. and B. To decrease incessant talking and mimicry
1. Stop inappropriate speech by placing hand over mouth
2. Use less verbal communication
3. Do not permit child to talk about more than one subject at a time.

C. To improve expression of emotions
1. When using language use concrete terms
2. Stories should be realistic and should not evoke strong feelings
3. Let child know that you are "boss"

INDIVIDUAL PRESCRIPTIVE TEACHING PLAN (con't)

DISABILITY: Auditory Autonomic

D. To improve ability to relate socially
   1. Give child tasks at which he can succeed. Follow this with praise and peer recognition.
   2. Structure play situations so that child will be required to interact rather than continue parallel play.
   3. Encourage participation in show and tell.

E. Improve voluntary meaningful speech
   1. Peabody Language Kit
   2. Songs, rhymes, fingerplays
   3. Spatial relationship cards and posters.
      Use language to describe spatial relationships such as in front of, behind, etc.
   4. Sequential picture cards
   5. Language master - word meaning and interpreting action pictures
   6. Controlled reader

V. Progress - Narrative - (Type or black ink) NAME_____

DATE_____

APPENDIX Q

PRESCHOOL PROJECT

MONTHLY RESULTS OF PLANNED ACTIVITIES

CHILD'S NAME: _____

DISABILITY: _____

SPECIFIC TASKS PLANNED:

APPENDIX Q1

PRESCHOOL PROJECT - PROGRESS REPORT MONTHLY

Name _____ Disability: _____ Month: _____

VISUAL SOMATIC

		Copying Movements					Manipulating					Constructing					Decrease Lethargy					Motoric Coordination				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
*Adequate	10																									
	9																									
Mild	8																									
	7																									
	6																									
Mod.	5																									
	4																									
	3																									
Sev.	2																									
	1																									

VISUAL AUTONOMIC

		Visual Concentration					Fine Motor Coordination					Visual Memory					Decrease Hyperactivity				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
*Adequate	10																				
	9																				
Mild	8																				
	7																				
	6																				
Mod.	5																				
	4																				
	3																				
Sev.	2																				
	1																				

AUDITORY AUTONOMIC

		Decrease Incessant Talking					Decrease Mimicry					Expression of Emotions					Relating Socially					Voluntary Mean.Sp.				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
*Adequate	10																									
	9																									
Mild	8																									
	7																									
	6																									
Mod.	5																									
	4																									
	3																									
Sev.	2																									
	1																									

AUDITORY SOMATIC

		Articulation					Auditory Memory					Attention Span					Language Development				
		1	2	3	4	5	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
*Adequate	10																				
	9																				
Mild	8																				
	7																				
	6																				
Mod.	5																				
	4																				
	3																				
Sev.	2																				
	1																				

Within each severity level there is a 3 point scale - lowest # poor, middle # fair, highest # good, with the ultimate objective to have each child reach average performance in each particular skill.

* Adequate = adequate performance for regular classroom performance.

APPENDIX R

PROGRESS REPORT - QUARTERLY

Name _____

VISUAL SOMATIC

		Copying Movements			Manipulation			Constructing			Decrease Lethargy			Motoric Coordination		
		F	W	S	F	W	S	F	W	S	F	W	S	F	W	S
*Adequate	10															
	9															
Mild	8															
	7															
	6															
Moder-	5															
ate	4															
	3															
Severe	2															
	1															

VISUAL AUTONOMIC

		Visual Concentration			Fine Motor Coordination			Visual Memory			Decrease Hyperactivity		
		F	W	S	F	W	S	F	W	S	F	W	S
*Adequate	10												
	9												
Mild	8												
	7												
	6												
Moder-	5												
ate	4												
	3												
Severe	2												
	1												

F= Fall (September, October, November) W= Winter (December, January, February) S= Spring (March, April, May)

AUDITORY AUTONOMIC

		Decrease Incessant Talking			Decrease Mimicry			Expression of Emotions			Relating Socially			Voluntary Meaningful Speech		
		F	W	S	F	W	S	F	W	S	F	W	S	F	W	S
*Adequate	10															
	9															
Mild	8															
	7															
	6															
Moder-	5															
ate	4															
	3															
Severe	2															
	1															

AUDITORY SOMATIC

		Articulation			Auditory Memory			Attention Span			Language Development		
		F	W	S	F	W	S	F	W	S	F	W	S
*Adequate	10												
	9												
Mild	8												
	7												
	6												
Moder-	5												
ate	4												
	3												
Severe	2												
	1												

Within each severity level there is a 3-point scale: lowest no. = poor, middle no. = average, highest no. = good, with the ultimate objective to have each child reach average performance in each particular skill.

* Adequate = adequate performance for regular classroom performance.

APPENDIX S

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

PRESCHOOL PROJECT

TO:_____Teacher

FROM: Dennis L. Darner, Ass't. Director, Preschool Project

Please evaluate_____and return to

_____

as soon as possible. This report is of the utmost importance in evaluating this child's progress. Thank you.

This form is used when sending Kindergarten Progress Report Numbers 1 and 2, the Pupil Rating Form and Kindergarten Evaluation Report.

APPENDIX T

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Elementary Education
Dr. William Liddle, Director
Department of Pupil Accounting and Testing Services
Charles E. Hadley, Director

EVALUATION OF KINDERGARTEN CHILDREN

Pupil's Name_____Age_____Date of Birth_____

School_____Teacher_____Date_____

Attendance this year: Days Present____Days Absent_____Reason_____

Directions: Please rate each trait in comparison with other kindergarten children in your room.

I. Physical Development

A. Large-muscle development (Skipping, jumping, throwing a ball, hopping, etc.)

Very Uncoordinated	Uncoordinated	Average	Skillful	Very Skillful
☐	☐	☐	☐	☐

B. Fine-muscle development (Finger Dexterity, eye-hand coordination, etc.)

Very Uncoordinated	Uncoordinated	Average	Skillful	Very Skillful
☐	☐	☐	☐	☐

C. Size

Small	Smaller Than Most Kindergarten Children	Average	Larger Than Most Kindergarten Children	Very Large
☐	☐	☐	☐	☐

II. Mental Development

A. Speech Development

1. Amount of Speech

Practically Mute	Quiet	Average	Talkative	Very Talkative
☐	☐	☐	☐	☐

2. Maturity of Speech

Almost incomprehensible	Many Infantile Speech Mannerisms	Normal	Mature for Age	Very Mature for Age
☐	☐	☐	☐	☐

3. Bilingual Background:

Yes	No
☐	☐

B. Following Directions

Incapable of Following Directions	Needs Constant Supervision	Needs Some Supervision to Complete Tasks	Follows Directions Well With Minimum Supervision	Almost Always Follows Directions Correctly and Independently
☐	☐	☐	☐	☐

C. Attention

Almost Impossible to Get and Hold	Easily Distracted	Moderately Attentive	Relatively Undisturbed by Extraneous Activities	Rarely Distracted
☐	☐	☐	☐	☐

D. Effort

Indifferent	Easily Gives Up	Has High and Low Periods of Interest and Effort	Tries Most of the Time	Almost Always Does His Best
☐	☐	☐	☐	☐

E. Performance Rate

Slow Inaccurate	Slow, but Fairly Accurate	Average in Speed and Accuracy	Quick, but Inaccurate	Quick, and Accurate
☐	☐	☐	☐	☐

III. Emotional Development

A. Stability

Often Has Temper Tantrums	Often Is Shy and Withdrawn	Alternates Outbursts of Anger and Withdrawn Behavior	Normal Emotional Control for a Kindergarten Child	Extremely Stable Emotionally
☐	☐	☐	☐	☐

B. Self-Control

Constantly Annoys Other Children And Creates a Disturbance in the Classroom	Finds it Very Difficult to Keep Silent and Sit Still	Normal Self-Control for a Kindergarten Child	Rarely is a Disturbing Influence in the Classroom	Always Exhibits Self-Control
☐	☐	☐	☐	☐

C. Anxiety

Extremely Ill at Ease	Easily Frustrated	Average Social Confidence	Better Than Average Social Confidence	Completely at Ease
☐	☐	☐	☐	☐

IV. Social Development

A. Teacher-Student Relationships

1. Cooperation (Include Responses to Teacher Suggestions for Improvement as well as Teacher-initiated Activities)

Hostile and Uncooperative	Sometimes Uncooperative	Generally Good	Cooperates Readily	Enthusiastic
☐	☐	☐	☐	☐

2. Behavior Towards School Property

Very Destructive	Sometimes Destructive	Average	Usually Careful	Values Property Highly
☐	☐	☐	☐	☐

B. Student-Student Relationships

1. Working in Groups

Argumentative	Bothersome	Considerate of the Rights of Others	Kind and Helpful	Solicitous of Others
☐	☐	☐	☐	☐

2. Playing in Groups

Prefers to Play Alone	Plays with a Group but Often Is the Cause of Friction for the Group	Gets Along Well with Peers	Shows Leadership in Group Play Activities	Is Usually a Leader in Group Situations
☐	☐	☐	☐	☐

Comments: Please include any UNUSUAL physical defects, home conditions, etc. Is the child working with a counselor? If so, with whom?)

Teacher_____

Principal_____

APPENDIX U

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Special Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

Kindergarten Progress Report
#1 (After 1st Quarter)

Pupil_____Teacher_____Date_____

School_____Grade_____

1. Can the child copy movements in finger plays, etc?_____

_____

2. Can the child button, zip and tie shoes?_____

_____

3. Can the child catch throw, jump, hop, skip?_____

_____

4. Can the child cut, color, and write his name?_____

_____

5. Can the child construct with blocks, fit puzzle pieces together and follow direction in play?_____

_____

6. Is the child clumsy in fine motor coordination, if yes, how?_____

_____

7. Is the child's coloring and cutting neatly done?_____

_____

8. Can the child remember the names of colors, numbers, etc.?_____

_____

9. Does the child express himself well verbally, and is he easily understood?

_____

10. Can the child follow commands and other types of verbal direction?_____

_____

11. Does the child get along well with other children and is he accepted by them socially?_____

APPENDIX V

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Student Personnel Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

PRESCHOOL PROJECT KINDERGARTEN PROGRESS REPORT (#2 sent after 3rd quarter)

Pupil's Name_____ School_____ Date_____

	YES	NO
1. Recognizes name	___	___
2. Prints name	___	___
3. Recognizes basic colors	___	___
4. Can reproduce and name basic shapes	___	___
5. Tell left hand from right	___	___
6. Physical Development		
a. Uses pencil and crayons easily	___	___
b. Can cut on a line	___	___
c. Zips clothing	___	___
d. Buttons clothing	___	___
e. Ties shoes	___	___
f. Can skip, hop, jump, run, gallop	___	___
7. Math Skills		
a. Counts from 1-10	___	___
b. Recognizes numerals 1-10	___	___
c. Knows meaning of sets	___	___
8. Reading and Language Skills		
a. Days of week	___	___
b. Auditory memory		
1. Series of numbers	___	___
2. Recall of sentence	___	___
3. Following 3 directions	___	___
4. Address and phone number	___	___
c. Vocabulary development		
1. Tell meaning of single words	___	___
2. Auditory discrimination, i.e. (b from d)	___	___
Visual discrimination (p from d)	___	___
d. Likenesses and differences		
1. Objects	___	___
2. Pictures	___	___
3. Letters	___	___
e. Left to right sequence	___	___
9. Reading Readiness and Language		
a. Recognizes capital letters	___	___
b. Recognizes lower case letters	___	___
c. Writes capital letters	___	___
d. Writes lower case letters	___	___
e. Recognizes all beginning sounds	___	___
f. Reads simple words	___	___
g. Listening comprehension	___	___
h. Writing		
1. Letters	___	___
2. Numbers	___	___

	YES	NO
10. Emotional and Social Development		
a. Listens to and follows directions	___	___
b. Cheerfully accepts suggestions	___	___
c. Uses time effectively	___	___
d. Completes assigned work	___	___
e. Displays independence in work habits	___	___
f. Demonstrates appropriate use and care of materials and equipment	___	___
g. Respects rights and properties of others	___	___
h. Controls emotions	___	___
i. Cooperates in group activities	___	___
j. Observes standards of appropriate behavior	___	___

Teacher comments:

11. Attendance

Days present_____
Days absent _____
Times tardy _____

_____
Teacher's signature

APPENDIX W

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Special Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education

PUPIL RATING FORM

(To be sent out after first semester)

Directions: Please evaluate the child whose name appears on this form and return by pony express to the Preschool Project, Stratton Annex. This pupil had been enrolled in the project class. Your cooperation is greatly appreciated.

Pupil_____School_____Date_____

Teacher_____Grade_____

Key: For each trait, mark as follows:

M = Most of the time
P = Part of the time
I = Improvement needed
N/A = Does not apply

I. Reading

A. Is able to see likenesses and differences in letters_____
B. Can identify letters by name (capital and small) _____
C. Is able to discriminate sounds _____
D. Has mastery of preprimer vocabulary _____

II. Oral expression

A. Produces correct speech sounds _____
B. Uses appropriate speech patterns _____
C. Demonstrates a growing vocabulary _____
D. Expresses ideas freely and in sequence _____
E. Keeps to the subject being discussed _____

III. Handwriting

A. Forms letters and numerals correctly _____
B. Observes standards of neatness _____

IV. Mathematics

A. Recognizes numerals through ten _____
B. Recognizes shapes: circle, square, triangle, rectangle, ellipse _____
C. Counts objects in one-to-one relationship _____

V. Emotional and Social Development

A. Listens to and follows directions _____
B. Cheerfully accepts suggestions _____
C. Uses time effectively _____
D. Completes assigned work _____
E. Displays independence in work habits _____
F. Demonstrates appropriate use and care of materials and equipment _____
G. Respects rights and properties of others _____
H. Controls emotions _____
I. Cooperates in group activities _____
J. Observes standards of appropriate behavior _____

VI. Attendance

Days present _____
Days absent _____
Times tardy _____

APPENDIX X

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Special Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

Preschool Project

Parent Questionaire
Home Program

1. To what degree do you feel the Preschool Project staff has helped you to understand your child's learning problems?
Very much so_____Somewhat so_____None_____

2. To what degree do you feel the Preschool Project staff has helped you to help your child?
Very much so_____Somewhat so_____None_____

3. To what degree do you feel the Preschool Project staff has helped you to improve your skills to observe noticeable changes in your child?
Very much so_____Somewhat so_____None_____

4. What change, if any, have you noticed in your child's learning problems?
Much improved_____Some improved_____Not improved_____

5. How cooperative has your child been with you in the home program?
Very cooperative_____Cooperative_____Not Cooperative_____

6. The conferences with the Preschool Project staff have been:
Very valuable_____Valuable_____Of no value_____

7. Please list any suggestions you may have that would help to improve the program,(conferences, etc.)

8. Please indicate if this is your child's first or second year in the

Preschool Project. 1st_____ 2nd_____

APPENDIX I

COLORADO SPRINGS PUBLIC SCHOOLS
Thomas B. Doherty, Superintendent
Division of Special Services
Barclay H. Watson, Director
Thomas Hockman, Director, Special Education
Dennis L. Darner, Ass't. Director, Preschool Project

Preschool Project

Parent Questionaire
Special Class

1. To what degree do you feel the Preschool Project staff has helped you to understand your child's learning problems?
Very much so_____ Somewhat so_____ None_____

2. To what degree do you feel the Preschool Project staff has helped you to help your child?
Very much so_____ Somewhat so_____ None_____

3. To what degree do you feel the Preschool Project staff has helped you to improve your skills to observe noticeable changes in your child?
Very much so_____ Somewhat so_____ None_____

4. What change, if any, have you noticed in your child's learning problems?
Much improved_____ Some improved_____ Not improved_____

5. What change, if any, have you noticed in your child's attitude towards school?
Much improved_____ Somewhat improved_____ Not improved_____

6. The conferences with the Preschool Project staff have been:
Very valuable_____ Valuable_____ Of no value_____

7. Please list any suggestions you may have that would help to improved the program, conferences, etc.)

8. Please indicate if this is your child's first or second year in the Preschool Project. 1st yr._____ 2nd yr._____